Stub to be retained by officer issuing permit

Name of Zenovia Soctor Parry Decedent
Say F Date of Death Pebruary 9, 1998
Place of Southborough, 22 main st Death
Date of October 23, 1943 Birth October 23, 1943
Immediate advanced Liver Metaslasis
Certifier mary Costanza M.D.
Permit Morris Francial Home Issued To
Disposition Rural Cometery Southboro
Name of Rural Cematery Facility
Date Permit 3/13/98

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed
to Town Clark
(Office issuing permit)
2 Attornaced
City or Town of Sullvoroug Mass
Name of Decedent Benovia Soctor Park
If a U.S. War Veteran, specify what war, organization, etc.
1411

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or Town)

on February 14, 198

Final Disposition Sec. 1-C, Lot1, Grave #2

Certified by

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

Stub to be retained by officer issuing permit

Name of Richard K. Collette
Sex Male Date of Death March 9 1998
Sex Male Date of Death March 9, 1998 Place of Southborough, ma Rd Death
Date of September 19, 1935 Birth
Immediate Merotheliana, Metastatea
Immediate Merotheliana, Metastatec Cause Metastatec Certifier Antlony L. Boral M.D.
Permit Morris Francial Home Issued To
Disposition Rural Cenetary Southbors
Name of Morris Funeral Home
Date Permit March 11, 1998

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

toSouth	Oorough Town Clerk (Office issuing permit)	••••••
City or Town of	Southborough	Mass
	Richard K. Colletti	
	eran, specify what war, organizati	ion, etc.
	ENDORSEMENT	

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms Southbarough MA

Pural Comptery

at	Marar cemerera	SOUCHDOL OUGH 2	
	(Name of cemetery or crematory)	(City or Town)	
on	March 13, 1998		
		1 700 0 11	
Fir	nal Disposition Sec. 2. Lo	ot 286, Grave#1	
		II VE	
Ce	rtified by	dent, cemetery or crematory)	
	(Signature of Superinter	ident, cemetery or crematory)	

No 03-98

R-309

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Karen L. Walsh
Sex = Date of Death Mach 12,1998
Place of Southborough, MA
Date of Clori 16, 1947
Immediate McLaStalic Colon Carco
Certifier (LT STOPHEN) SUCLEY M.D.
Permit Issued To Mary Morris Tuneral Home
Disposition Rural Cemetery
Name of MOTTIS Funery (Horry Facility
Date Permit 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

DISPOSITION,	REMOVAL	- AND
TRANSPORT	ATION PEF	RMIT

This section to be returned immediately, properly endorsed	
to Contitorough Town Clerk	
(Office issuing permit)	
City or Town of Massi	
Name of Decedent Karen L. Walsh	
If a U.S. War Veteran, specify what war, organization, etc.	
ENDORSEMENT	
(To be filled in by cemetery or crematory official)	
I hereby certify that the body accompanying this permit was	
I hereby certify that the body accompanying this permit was disposed of in accordance with its terms Rural Cemetery Southborough, MA	
I hereby certify that the body accompanying this permit was disposed of in accordance with its terms Rural Cemetery Southborough, MA (Name of cemetery or crematory) (City or Town)	
I hereby certify that the body accompanying this permit was disposed of in accordance with its terms Rural Cemetery Southborough, MA	
I hereby certify that the body accompanying this permit was disposed of in accordance with its terms Rural Cemetery Southborough, MA (Name of cemetery or crematory) (City or Town) March 16, 1998	
I hereby certify that the body accompanying this permit was disposed of in accordance with its terms Rural Cemetery Southborough, MA (Name of cemetery or crematory) (City or Town) March 16, 1998	

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Edward a. Angelico Sex M Date of Death March 14, 1998
Place of Southborough, MA 20 Central St.
Date of June 18, 1918 Birth
Immediate Stroke Cause
Certifier Peter M. Brem M.D.
Permit Morris Francial Home 40 Mainst
Disposition Rural Cametery, Southborough,
Name of Morris Francial Home 40 Mainst Facility Southborout
Date Permit March 16, 1998 Issued

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed to (Office issuing permit) City or Town of Decedent Down Mass Name of Decedent Down Mass If a U.S. War Veteran, specify what war, organization, etc.
ENDORSEMENT
ENDONSLINENT
(To be filled in by cemetery or crematory official)
I hereby certify that the body accompanying this permit was
disposed of in accordance with its terms
at Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or Town)
on March 17, 1998
Final Disposition Sec. Bast Lot 19 Grave #4.
Certified by Duck 10/ CX LCurus
(Signature of Superintendent, cemetery or crematory)

No. 65-98

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Arthur Livision Schofield
Sex M Date of Death april 2, 1998
Place of Southborough 236 Parkerville Rd
Date of August 7, 1995 Birth August 7, 1995
Immediate Metastotic Clolangiocorcerona
Certifier Edward Kamons M.D.
Permit Issued To John C Bryant
Disposition Weston, mA
Name of Linwood Cometory
Name of Linwood Cometery Date Permit 4/3/98 Issued

This section to be returned immediately, properly englorsed	
n Town Clerk	
(Office issuing permit)	
City or Town of Southborough Massi	
Name of Decedent ARthur Tyison Schofie	
If a U.S. War Veteran, specify what war, organization, etc.	
ENDORSEMENT	
(To be filled in by cemetery or crematory official)	
I hereby certify that the body accompanying this permit was	
disposed of in accordance with its terms	
at L/NWOOD Come TERY WES TOW (Name of cemetery or crematory) (City or Town)	
on April 6, 1998	
Final Disposition BUNIACTUAULT LOT 654	
Certified by (Signature of Superintendent, cemetery or crematory)	
If there is no officer in charge, funeral director must sign and return this stub.	

Stub to be retained by officer issuing permit

Name of MARY-JANE T. BOIAND
Sex F Date of Death April 10, 1998
Place of South borough, MA 35 EAST MAINST Death
Date of August 18, 1932-
Immediate A CUTE MYO CARDIAL IN Farctio
Certifier Shy IA ShRinAth M.D.
Permit MORRIS FUNERAL HOME Issued To
Disposition Southborough, MA
Name of RURAl Cemetery
Date Permit April 14 1998

This section to be returned immediately, properly endorsed
to Town Clerk
(Office issuing permit)
City or Town of South borough Massi
Name of Decedent MARY-JAME & Boland
If a U.S. War Veteran, specify what war, organization, etc.
ENDORSEMENT
(To be filled in by cemetery or crematory official)
I hereby certify that the body accompanying this permit was disposed of in accordance with its terms
at Rural Cemetery Southborough; MA (Name of cemetery or crematory) (City or Town)
4 . 1 15 1000
on April 15, 1998
on April 15, 1998 Final Disposition Sec. 15, Lot 8, Grave #4

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Joan Kathleen Ford
Sex E Date of Death MAY 13, 1998
Place of South borough, MA
Date of FeBWARY 3, 1947
Immediate Respiratory ARRest
Certifier MARY-Ellen TAPlin M.D.
Permit Issued To Mancy Morns Funcia
Disposition Southborough MA
Name of Fund Constery
Date Permit May 1998

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

to Town (Office issuing permit) City or Town of Suthborough Massi
Name of Deceden To A. A. KAthleen, Ford If a U.S. War Veteran, specify what war, organization, etc.
ENDORSEMENT
(To be filled in by cemetery or crematory official) I hereby certify that the body accompanying this permit was disposed of in accordance with its terms
at Rural Cemetery Southborough, MA Main (Name of cemetery or crematory) (City or Town) May 16, 1998 on
Final Disposition Sec. 1, Lot 11/C, Grave #1 Certified by (Signature of Superintendent, cemeter) or crematory)

Stub to be retained by officer issuing permit

Name of Decedent MAR JARET B PEARSON Sex 12 MA Date of Death JUNE 5 1998
Sex 12 Date of Death Death 5 1998
Place of Southborough
Date of October 1, 1914
Immediate CARDIO PU MONARY ARREST Certifier Struen 7 INE MD.
Certifier Strugu 71NE M.D.
Permit MORRIS FUNERAL Hom &
Disposition Newton Cremstory
Name of Newton Cormstony
Date Permit Issued L & 1998

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed
to Boo Town Chules (Office issuing permit)
to (Office issuing permit) City or Town of Sor Whar Mass. Name of Decedent Margarit Plansim.
If a U.S. War Veteran, specify what war, organization, etc.
ENDORSEMENT
(To be filled in by cemetery or crematory official)
I hereby certify that the body accompanying this permit was disposed of in accordance with its terms
at Newton Crematory Newton (Name of cemetery or crematory) (City or Town)
on 6/9/98
Final Disposition Certified by

Stub to be retained by officer issuing permit

Name of Patrilla A. Judley Decedent Patrilla A. Judley
Sex Date of Death September 17,199
Place of Southborough Death
Date of March 30, 1945
Immediate Respiratory Julure
Certifier Dolly gervarahese M.D.
Permit Morris Funeral Home Issued To
Disposition Buras
Name of Morris Funeral Home
Date Permit Sept. 18, 1998 Issued

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

50 Southboro Town Ckrk
City or Town of Southborn Massi Name of Decedent Patrice A. Dudler
If a U.S. War Veteran, specify what war, organization, etc.
ENDORSEMENT
(To be filled in by cemetery or crematory official)
I hereby certify that the body accompanying this permit was disposed of in accordance with its terms
at Rural Cemetery Southborough, MA (Name of cemetery or crematory) (City or Town)
on September 19, 1998
Final Disposition Sec. 4. Lot 2. Grave 44
Certified by (Signature of Superintendent, cemetery or crematory)
If there is no officer in charge, funeral director must sign and return this stub.

Decedent

Name of

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Tune 16, 1916 mmediate Cardiac Arrest dertifier Jocelyne Caplow M.D. Permit Morris Funeral Home Disposition South borough, MA Name of Rural Cemetery	SexDate of Death NOVEMBEL 12/11/8
errifier Jocelyne Caplow M.D. Permit Morris Funeral Homes Disposition South borough, MA Name of Rural Cemetery	Place of South Borough, MA 20 MAIN
Permit Morris Funeral Homesusual To South borough, MA	Date of June 16, 1916
Permit Morris Funeral Homesusual To South borough, MA	Immediate CArdiAC Arrest
Name of RUFAL Cemetery	Certifier Jocelyne CAPlow M.D.
Name of RUFAL Cemetery	Permit Morris Funeral Home
	Disposition South borough, MA
Date Permit November 17, 1998	Name of RUFAL Cemetery
	Date Permit November 17, 1998 Issued

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

to South borough Town Clerk

South borough Town Clerk

South borough Mass

Name of Decedent MARIA South BR

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough, MA.....

(Name of cemetery or crematory) (City or Town)

on November 21, 1998

Final Disposition Sec. 1. Lot 11-B. Grave #2

Certified by

41

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Vame of Joyce Anne Hickey
iex Date of Death Movember 23, 1998
Death Southborough, ma Road
Date of June 12, 1937
Emmediate Respiratory Friedure Certifier Dr. Intlony P. Howes, M.D.
Permit November 24, 1998 Issued To
Disposition attleboro, ma
Name of North Purchase Gernator Facility.
Date Permit News and Ing 24, 1998

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

10
City or Town of Southborough Massi Name of Decedent Joy ce ANNE Hickey
If a U.S. War Veteran, specify what war, organization, etc.
=======================================
ENDORSEMENT
(To be filled in by cemetery or crematory official)
(10 be filled in by contactly of distributory strictury
I hereby certify that the body accompanying this permit was
I hereby certify that the body accompanying this permit was

If there is no officer in charge, funeral director must sign and return this stub.

(Signature of Superintendent, cemetery or crematory)

Final Disposition CREM 471-P

Certified by Lumo Submone

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

(O IN in Marie
Jame of Paul Francis Morris Decedent Paul Francis
ex Date of Death November 26, 199
Place of Southboro, MA Death
Date of January 24, 1933
mmediate Pending Toxicology
Pertifier Leonard ATKINS M.D.
Arthur S. MI+chell Permit Michell Funeral Home
Disposition Newton Crematory
Name of Mitchell Funeral Home Facility
Date Permit November 30, 1998

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

to
Korean
ENDORSEMENT
(To be filled in by cemetery or crematory official)
I hereby certify that the body accompanying this permit was
t Newton Crematory Newton (Name of cemetery or crematory) (City or Town)
n
inal Disposition Co. Certified by Signature of Superintendent, cemetery or crematory)

Stub to be retained by officer issuing permit

ex F Date of Death JANUATY 20, 1999 lace of Southborough, 39 Breakneck mmediate Acute respiratory Failure R. Jack Leitner Disposition

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned initiediately, properly character		
to Town Clark		
(Office issuing permit)		
City or Town of Southborough Massi		
City or Town of		
Name of Decedent Sherley B. Macricata		
Name of Decedent		
If a U.S. War Veteran, specify what war, organization, etc.		
•••••••••••••••••••••••••••••••		
ENDORSEMENT		
(To be filled in by cemetery or crematory official)		

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Name of cemetery or crematory) (City or Town)

on Supposition Certified by (Signature of Superintendent, cymetery or crematory)

Stub to be retained by officer issuing permit

\sim
Name of Decedent Decedent Date of Death Feb 2, 1999
iex Date of Death FCb 2 1999
Place of Southborough
Date of Italy Birth
Cardio Augusty Certifier David Levitin M.D.
Certifier David Loutin M.D.
Permit Inerical Cremation Scatty
Disposition Linwood Cremetery
Name of American Cremation Society
Date Permit February 3, 1999
•

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed
to lown lerk
City or Town of Havio Rach
If a U.S. War Veteran, specify what war, organization, etc.
ENDORSEMENT CREMATIC
(To be filled in by cemetery or crematory official)
I hereby certify that the body accompanying this permit was disposed of in accordance with its terms
at Linwood Cemetery-Crematory, Haverhill MA (Name of cemetery or crematory) (City or Town)
on FEB - 4 1999
Certified by (Signature of Superintendent, cemetery or common)

Date Permit

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Arthur Herbert Medin e, JR
Name of Arthur Herbert Medin E, JR Sex. M. Date of Death April 17, 1920
Place of Southborough Death
Date of February 11, 1999 Immediate Carcer Of Liver Cause
Certifier Peter M. Grem M.D.
Permit Nancy Horns / Richard Sul.
Disposition Rual Cumatory
Name of Frank H. Miles Co.

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed
to SCAMULLEV K
City or Town of South So Yough Mass: Name of Decedent Arthur Herbert Media J
If a U.S. War Veteran, specify what war, organization, etc.
ENDORSEMENT
(To be filled in by cemetery or crematory official)
I hereby certify that the bor urediffernatory permit was disposed of in accordance with the Grove Street
FEBrus Control 1999 (City or Town)
Final Disposition
Certified by Calhur Cangain

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Sex
Place of Southboro, MA
Date of Feb 27, 1904
Immediate Congestive Near Haller Cause Bobert C. Sun ner M.D.
Certifier Hobert C. Sun ner M.D.
Permit John P. Rowe JT.
Disposition Rural Cenercy
Name of John Rowe Fines Home
Date Permit Eubruary 22, 1999 Issued

This section to be returned immediately, properly endursed	
to (Office issuing permit)	
City or Town of Southborough Mass	ł
Name of Decedent Marion G. Connor	•
If a U.S. War Veteran, specify what war, organization, etc.	
	i.
ENDORSEMENT	
(To be filled in by cemetery or cremetory official)	
I hereby certify that the body accompanying this permit was disposed of in accordance with its terms	3
at Rural Cemetery Southborough, MA (Name of cemetery or crematory) (City or Town)	٠
on February 25, 1999	4
Final Disposition Section 1-A, Lot Ewest, Gry#	-
Certified by (Signature of SuperIntendent, cemptery or crematory)	•
If there is no officer in charge, funeral director must sign and return this stub.	

Name of

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Deceuem	
sexF	Date of Death June 19, 1999
Place of Death	Date of Death June 12, 1999 Southborough, m.A.
Date of Birth	oneary 17, 1910
Immediate	Cardiac arrest
Certifier	nadia I, Rodberg MD.
Permit Issued To	Morris Francial Home
	Rural Cemetery)
	Souttboro
Date Permit Issued	6/15/99

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

to Southboro Town Clark (Office issuing permit) City or Town of Southborough Massi Name of Decedent Arene Troateus
If a U.S. War Veteran, specify what war, organization, etc.
ENDORSEMENT
(To be filled in by cemetery or crematory official)
I hereby certify that the body accompanying this permit was
disposed of in accordance with its terms
at Rural Cemetery Southborough, MA
June 17, 1999
On
Final Disposition Sec. 12. Lot 29, Grave #3
Certified by (Signature of Superintendent, cemeters) or crematory)

Stub to be retained by officer issuing permit

Name of Donabelle R. Maclood
Sex F Date of Death June 13, 1999
Place of Southborough Death
Date of Vilain + 27 190 G
Birth august & 10
Immediate Congestive Heat Failur Certifier Edward B. Jaffe M.D.
Certifier Lawwa D. Jatte M.D.
Permit Thomas H. Haus
Disposition Maplewood Cometery
Name of Leland Hays F. H.
Date Permit July 15, 1999

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed
Town Clark
(Office issuing permit)
City or Town of
The state of the state of
Name of Decedent Annabella R. Macleac
If a U.S. War Veteran, specify what war, organization, etc.
ENDORSEMENT
(To be filled in by cemetery or crematory official)
I hereby certify that the body accompanying this permit was
disposed of in accordance with its terms
Market Market

If there is no officer in charge, funeral director must sign and return this stub.

(Signature of Superintendent, cemetery or crematory)

UNE 18,1999

Final Disposition LOT 1007

Certified by

Stub to be retained by officer Issuing permit

•
Name of Decedent Decoteau
Decedent SCA De COPEAUC
Sex M Date of Death June 15, 1999
Place of Soullborough Death Soullborough
Date of November 12,1940
Immediate Cardia Aryflmia
Certifier Grand Fornsfer Lipmand.
Permit Graham Putnam & Maloney
Disposition New Swelley Crembon At Morcester Ma
Name of Graham, Pulnama Mahoxed
Date Permit Jul 22, 1999

Stub to be retained by officer issuing permit

Name of Decedent Stanley Cislo
Sex M Date of Death August 16, 1999
Place of Death Soull borough
Date of April 28, 1937
Immediate Lung Cancer Cause
Certifier Panos Fides M.D.
Permit Issued To Shepherd & Sons Inc
Disposition Mayflower Cemetery
Name of Stepherd & Sono
Date Permit Chaguest 17, 1999

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section	to	be returned	immediately,	properly endorsed
		-		

to 10001 CHERR	•••
(Office issuing permit)	
City or Town of Office issuing permit)	Mass
1 Nauge 1 Alis	
Name of Decedent	
If a U.S. War Veteran, specify what war, organization	etc.
if a U.S. war veterall, specify what war, organization	, с.с.

	====

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

on Mayflower Certainty, Duxbury, Mass.

Final Disposition Ave. Magnetic Mayflower Certainty, Duxbury, Mass.

Certified by

(Signature of SuperIntendent, centerry) or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

Name of

R-309

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

manik Clonba

Decedent
Sex Date of Death August 18,1997
Place of Death Southward
Date of Birth Que 2, 1955
Immediate Honging (Skelitonizel)
Certifier William Zone, Cymum, M.D.
Permit Issued To Dordger Corrigon Mayer
Disposition Rund Constany Country
Name of Mordgren, Carry Mangen
Date Permit Quant 20, 1999

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed
to(Office issuing permit)
Southborough City or Town of Mas
Name of DecedentManik.Chandra
If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with it furns Crematory 180 Grove Street
at (Name of cemetery or crematoryWorcester, oMA:01605) on AUG 2 0 1999
Final Disposition
Certified by Carlon Candon (Signature of Superintendent, cemetery or crematory)

Stub to be retained by officer issuing permit

Name of Decedent	Ricky Var	Andrew	<u>S</u>
		12/99	
Place of Death	puthbore	rugh	******
Date of Birth	nuary 1	8, 1960	
Immediate Cause	Bunt	Traunao	f Head
Certifier Ale	vareler C	LirKov	M.D.
Permit Issued To	enderson	Funeral H	one
Disposition At	ak Grou	1e Cemet	ery
Name of Facility	enerson	Funeral	Home
Date Permit Issued	Septemb	er 9,1999	•••••

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Clerk
City or Town of South Sovough Mass
Name of Decedent Ricky Van Andrew
If a U.S. War Veteran, specify what war, organization, etc.
ENDORSEMENT
(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was

Grove Cemetery

disposed of in accordance with its terms

Certified by

Final Disposition

(Signature of Superintendent, cemetery or crematory)

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Odeline Schild
Sex F Date of Death JANUARY 7, 9000
Sex F Date of Death JANUARY 7, 2000 Place of South borough 11 John St Death
Date of March 11, 1924
Immediate Cardiac arrest
Certifier Madia L. Rolling M.D.
Permit Issued To Madeia L Rolling,
Disposition Cremation At
Name of Duybury Cremation
Date Permit January 11, 2000

This section to be returned immediately, properly endorsed
to Town Gerk
(Office issuing permit)
City or Town of South borough Mass. Name of Decedent Adeline Schild
Name of Decedent JO
If a U.S. War Veteran, specify what war, organization, etc.
ENDORSEMENT
(To be filled in by cemetery or crematory official)
I hereby certify that the body accompanying this permit was
disposed of in accordance with its terms
Duxbury Crematons Purhing Alana
(Name of cemetery or crematory) (City or Town)
on
Final Disposition
Certified by
If there is no officer in charge, funeral director plust sign and return this stub.

at

on

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed Town Clerk to (Office issuing permit) City or Town of Southboro Mass. Name of Decedent Adeline F. Schild If a U.S. War Veteran, specify what war, organization, etc. **ENDORSEMENT** (To be filled in by cemetery or crematory official) I hereby certify that the body accompanying this permit was disposed of in accordance with its terms Duxbury Crematory, Duxbury, MA (Name of cemetery or crematory) (City or Town) January 13, 2000 Southborough Rural Cemetery Final Disposition Sec. 9, Lot 16A, Gry#1B(cremains) (Signature of Superintendent, cemetery of crematory) Certified by

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

)	
Name of Decedent Anna Janny Morie Kallarder Sex F Date of Death Rebruary 15, 2000	,
Sex F Date of Death February 15, 2000	
Place of Southborough 18 Mondow Jones	س
Date of September 19, 1909 Birth September 19, 1909	
Immediate Congestive Heart Frailure	
Immediate Congestive Heart Frailure Certifier Christopher I cola M.D.	
Permit Morris Faneral Home	
Disposition Cremation	
Name of Rural Cemetry, Worcester	_
Date Permit February 16, 2000 Issued	

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Clerk (Office issuing permit)
City or Town of Southborn Mass.
Name of Decedent anna Kallansur
If a U.S. War Veteran, specify what war, organization, etc.
ENDORSEMENT
(To be filled in by cemetery or crematory official)
I hereby certify that the body accompanying this permit was disposed of in accordance with the second cory
TEB 1 7 2000 Worcester Cit WTA 01605
Final Disposition
Certified by (Signature of Stephennlendent, cemeter) of crementary) WW

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

	/
Name of Decedent	Roland q. Mossier
Sex M	Date of Death hebruary 26, 2000
Place of	Southborough, 6 Cross St
Date of	December 27, 1911
Immediate Cause	Myscardial Infaction Neal M. Fallis MD.
Certifier	neal M. Talles M.D.
Permit Issued To	John P. Rowe, Francial Une
Disposition	Burial
Name of	Raral Cametery
Date Permit	heb 98, 2000

to Control of South borough City or Town of South borough Name of Decedent Roland A. Messies.
If a U.S. War Veteran, specify what war, organization, etc.
lil
ENDORSEMENT
(To be filled in by cemetery or crematory official)
I hereby certify that the body accompanying this permit was disposed of in accordance with its terms
at Rural Cemetery Southborough, MA (Name of cemetery or crematory) (City or Town)
on February 29, 2000
Final Disposition Sec. 1, Lot 31A, Grave#1 Certified by
(Signature of Superintendent, cemelery or crematory) If there is no officer in charge, funeral director must sign and return this stub.

Name of Decedent

Final Disposition

Certified by

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Sex Date of Death
Place of Southboroug
Date of April 26, 1921
Immediate Q Q A A A A A
Immediate Sapris Cause
milles De
Certifier M.D.
======================================
U
Permit Regene J. M. Cartly, Dr.
Issued To agene matty fr
Permit Issued To Lugene J. McCartly, Jr. Disposition At
Disposition Bureal
Disposition Bureal
Name of St, Staphan's Corretory
Disposition Bureal

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to lown Clerk
(Office issuing permit)
City or Town of South bot ov go Mass.
Name of Decedent FRANK John Douglas
J
If a U.S. War Veteran, specify what war, organization, etc.
WWTI
ENDORSEMENT
ENDORSEMENT (To be filled in by cemetery or crematory official)
(To be filled in by cemetery or crematory official)
(To be filled in by cemetery or crematory official) I hereby certify that the body accompanying this permit was
(To be filled in by cemetery or crematory official)

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

No. 05-00

R-309

·· 05-00

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent John L. Cechrale
Sex M Date of Death April 14, 2000
Place of South borough
Date of Arlington, April 7, 1939
Immediate Cardiac Arrythmia
Immediate Cardiac Arrythmia Cause Milliam M Kettyle M.D.
Permit Issued To Morris
Disposition Rural Cemetery
Name of Morris Funeral Home
Date Permit April 15, 2000

DISPOSITION,	REMOVAL A	ND
TRANSPORTA	ATION PERM	IT

to City or Town of Cherk Mass. Name of Decedent Cherk Cochrane
If a U.S. War Veteran, specify what war, organization, etc.
ENDORSEMENT
(To be filled in by cemetery or crematory official)
I hereby certify that the body accompanying this permit was disposed of in accordance with its terms
atRuralCemetervSouthborough,MA/ (Name of cemetery or crematory) (City or Town)
on April 18, 2000
Certified by (Signature of SuperIntendent, cemetery) (Signature of SuperIntendent, cemetery)
If there is no officer in charge, funeral director must sign and return this stub.

Stub to be retained by officer issuing permit

Name of TOMMUM. KINZICA
Decedent I. W. I. I. Marcol 1 2021
SexDate of Death
Sex Date of Death March 1 200/ Place of South bowyah, Mb.
Date of March 21, 1961
Immediate Pending Toxicolxeu
Certifier Tonika Lipman M.D.
Permit Chastes Aufiers
Disposition and ide and and age
Name of DONOV an Autresot. H.
Date Permit March 7, 2001

This section to be returned immediately, properly endorsed
to (Office issuing permit)
City or Town of OUT bot OUA Mass
Name of Decedent MMMY M. Kinz Je
If a U.S. War Veteran, specify what war, organization, etc.
ENDORSEMENT
(To be filled in by cemetery or crematory official)
I hereby certify that the body accompanying this permit was disposed of in accordance with its terms at Communal Companying this permit was disposed of in accordance with its terms (City or Town) on Mana San San San San San San San San San
Certified by (Signature of Superintendent demetery or crematory) If there is no officer in charge, funeral director must sign and return this stub.

Stub to be retained by officer issuing permit

Name of Decedent Mone to
Sex Date of Death RP1113, 2001
Place of South borough MA-
Date of Dec. 3, 1924
Immediate Congrestive Heart Failure
Certifier Deborah Riester M.D.
Permit Issued To Nancy G. Morris
Disposition Rural Contery, Southbough
Name of Morris Funeral Home
Date Permit April 17, 2001

to TOWN Cult S Office issuing permit) City or Town of SOCHAL MONETTE.
If a U.S. War Veteran, specify what war, organization, etc.
ENDORSEMENT
(To be filled in by cemetery or crematory official)
I hereby certify that the body accompanying this permit was disposed of in accordance with its terms
at Rural Cemetery Southborough MA (Name of cemetery or crematory) April 17, 2001
Final Disposition Sec. A, Lot 124 Grave#8
Certified by (Signature of Superintendent, cemetery or crematory)
If there is no officer in charge, funeral director must sign and return this stub

Stub to be retained by officer issuing permit

Name of Best Alonzo Fassis, Jr.
Sex M Date of Death APOL 23, 2001
Place of Southboough, MA-
Date of Opril 8 1934 Birth Blun Immediate Multiple Traumatic Injurie
Immediate Multiple Traumatic Injurie
Certifier Jennifer K. Lipman M.D.
Permit Gy B. Dostie Issued To Maine Veteran Memoura Disposition Cemetery 1995, Main At Prette Function Tomes Name of 87 Butlett St. Lewiston, ME Facility 87 Butlett St. Lewiston, ME
Disposition Cempter Liver Fugust Maint
Name of 87 Buttett St. Lewiston, ME Facility 87 Buttett St. Lewiston, ME
Date Permit April 36,2001

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Ton Mulana Thilling Sex Date of Death Mark 6, 200
Place of Southborough
Date of Sptemble 28, 1916
Immediate Mediate Lang Concer
Certifier Soln Jarth M.D.
Permit Issued To Roland D. Martin
Permit Issued To Disposition At DOOD SENICATORY
Name of D. Martin F. H. Soll May
Date Permit J 2001

This section to be returned immediately, properly endorsed to 10WA CICKS OFFICE (Office issuing permit) 0/772 City or Town of SOUTH AND OUGH Mass. Name of Decedent IRME MALLAN MASS. If a U.S. War Veteran, specify what war, organization, etc.
ENDORSEMENT CREMATION
(To be filled in by cemetery or crematory official)
I hereby certify that the body accompanying this permit was disposed of in accordance with its terms
at Linwood Cemetery-Crematory, Haverhill MA. (Name of cemetery or crematory) MAY - 8 2001
Certified by (Signature of Superintendent, cemetery or crematory)
If there is no officer in charge, funeral director must sign and return this stub.

Stub to be retained by officer issuing permit

Name of Charles Geoffrey Merrill
Sex Date of Death MUCh D 1989
Place of Providence Rhode Island
Date of July 22, 1954 Birth Meltiple Fractures & Internal Immediate Januarics
Cause TAULICS
Certifier
Permit Issued To Bridget Gillenou Rusal Cometey
Disposition Rwal Compten 5Bow MA
Name of Bridget Gilleney Superusor of Facility Rural Cemotory.
Date Permit JUO / 200/

to Coffice issuing permit) City or Town of South of Old A. Mass. Name of Decedent halles Geoffice in Mass.
If a U.S. War Veteran, specify what war, organization, etc.
ENDORSEMENT
(To be filled in by cemetery or crematory official) Cremated I hereby certify that the body accompanying this permit was disposed of in accordance with its terms
at Rural Cemetery Southborough, MA (Name of cemetery or crematory) (City or Town)
on June 11, 2001
Final Disposition Section F, Grave#52A
Certified by Signature of Superintendent, cemetery or crematory)
If there is no officer in charge, funeral director must sign and return this stub.

Stub to be retained by officer issuing permit

Name of Decedent Mormon E. Wellman
Sex M Date of Death Sept. 21, 2001
Place of May 12, 1925 Southborough
Date of Mula, 1925
Immediate Ce Chovasiular accident
Certifier Glenn R. Randall M.D.
Permit Issued To Thomas F. Cronin
Disposition Rual (rematory Worcester, MA
Name of Callanan F. 16.34 Church St. Hopkintm
Date Permit Deptember 24,200/

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

R-309

This section to be returned immediately, properly endorsed toTown Clerk's Office.....(Office issuing permit)

Name of Decedent Norman E. Wellman
If a U.S. War Veteran, specify what war, organization, etc.
ENDORSEMENT
(To be filled in by cemetery or crematory official)
I hereby certify that the body accompanying this permit was
disposed of in accordance with its terms
n SFP 2.5 2001 Worcester; MA 01605
on
Final Disposition
Certified by (Signature of Superintendent, cemetery or crematory)

Stub to be retained by officer issuing permit

Name of Russell G. Gmsdln
Sex M Date of Death Oct 27, 200/
Place of Southborough
Date of December 3, 1919
Immediate Mu Hiple Traumatic Injuries Certifier Richard EVans M.D.
Certifier Richard EVans M.D.
Permit Issued To Michael S. Ciccarelli 01906 Disposition Disposit
Date Permit Jobe 30, 2001